

IN ORDER OF BIRTH STATED.

# ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 161  
Registered No. \_\_\_\_\_

County Gila State Arizona  
Township \_\_\_\_\_ or Village Rice  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ulysses S. Grant { If child is not yet named, make supplemental report, as directed

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>6-9-30</u> 19____ (Month, day, year)
		5. Number, in order of birth _____	Full term? <u>Yes</u>		

9. Full name <u>Anderson Grant</u>	FATHER	18. Full maiden name <u>Margaret Thompson</u>	MOTHER
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Rice, Ariz.</u>		19. Residence (usual place of abode) (If nonresident, give place and State) <u>Rice, Ariz.</u>	

11. Color or race <u>4/4 Apache</u>	12. Age at last birthday <u>20</u> (Years)	20. Color or race <u>4/4 Apache</u>	21. Age at last birthday <u>18</u> (Years)
13. Birthplace (city or place) (State or country) <u>Rice, Ariz.</u>		22. Birthplace (city or place) (State or country) <u>Rice, Ariz.</u>	

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Laborer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months _____ or weeks _____	29. Cause of stillbirth _____	Before labor _____	During labor _____
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 A. m. on the date above stated  
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Z. Laughlin, M.D. \_\_\_\_\_, M.D.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

or \_\_\_\_\_, Midwife

Address Rice, Ariz.

Filed 6/16, 1930 Z. Laughlin

Registrar.

Registrar.

473-609-435